

PERSONAL CARE AGENCY COMPLAINT REPORT

- Completion of this form is voluntary.
- Personal information provided on this form will be used to investigate the complaint, to communicate with the complainant, and will be used for no other purpose.
- Additional copies of this form can be obtained from the Department web site at:
<http://dhs.wisconsin.gov/forms/DQAnum.asp>
- Information regarding complaint rights and procedures are located on page 2 (reverse side) of this form.

To assist in reviewing your concern, provide the following information:

1. PERSONAL CARE AGENCY INFORMATION

Name – Personal Care Agency

Street Address	City	State	Zip Code
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2. COMPLAINANT INFORMATION

Name – Complainant	Telephone Number	Relationship to Client	
Street Address or P.O. Box	City	State	Zip Code
Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Complaint Submitted	

3. PATIENT INFORMATION

☐ Same as above (If the complainant and client are not the same person, provide client information.)

Name – Client	Telephone Number		
Street Address or P.O. Box	City	State	Zip Code

4. DESCRIPTION OF CONCERN

Describe the situation or incident, the names, dates, and what happened. Write clearly and be as specific as possible. Attach additional pages, if necessary.

PERSONAL CARE AGENCY CLIENT RIGHTS AND PROCEDURES

Chapter 49.45(2)(a)11., of the Wisconsin State Statutes authorizes the Department of Health Services to establish rules governing the operation of a personal care agency (including the certification of providers of Medical Assistance), certify providers who meet certification criteria, and promulgate rules to implement the statute.

Chapter 49.45(1), Wis. Stats., authorizes the Department to promulgate rules consistent with its duties in administering Medical Assistance, including its duties relating to reimbursement for personal care services by certified providers.

Chapter DHS 105.17(1w)(b)2. of the Wisconsin Administrative Code, authorized by the above state statute, describes a personal care agency client's right to file a complaint with the Department as follows:

DHS 105.17(1w)(b)2. *The provider shall provide, in writing, prior to or at the time of accepting an applicant as a client, each client or the client's legal representative the procedures indicating the complaint or grievance process which shall include a statement on how the client can make a complaint to the department.*

The above statute and rule mean that:

- (1) You have a right to complain directly to the Department of Health Services.
- (2) The personal care agency that serves you must advise you of your right to file a complaint with the Department of Health Services and explain the complaint filing process.

Copies of this complaint form and these requirements should be provided by the personal care agency to each client or client representative (1) prior to provision of any services and (2) at the conclusion of the service agreement.

If a client or a client representative (anyone representing the client's interests) has a concern with the client's care, believes that the client's rights have been violated, and/or that the personal care agency has not resolved these concerns, a complaint may be filed using any of the following methods.

- Writing to: **Department of Health Services
Division of Quality Assurance / Bureau of Health Services
ATTN: Personal Care Agency Complaint Coordinator
P.O. Box 2969
Madison, WI 53701-2969**
- Calling: **Toll-free Wisconsin Complaint Line – 1-800-642-6552 ***
- Completing an on-line complaint form at:
<http://dhs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>

* *The toll-free hotline operates a voice message system 24 hours a day. Calls received during the evenings, weekends, or holidays are returned the next business day. The purpose of the hotline is to receive complaints regarding Wisconsin Medicaid certified personal care agencies and to provide information about Wisconsin personal care agencies.*